ALLIANT ENERGY CORP

Form 4

August 20, 2008

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

5. Relationship of Reporting Person(s) to

Issuer

required to respond unless the form

January 31, 2005

0.5

Estimated average burden hours per

OMB APPROVAL

response...

subject to Section 16. Form 4 or Form 5 obligations may continue.

See Instruction

Check this box

if no longer

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

ALLER THOMAS L

1. Name and Address of Reporting Person *

| | ALLIANT ENERGY CORP [LN] | | | | | RP [LNT] | (Check all applicable) | | | | |
|---|--|--|---|-----------------|---|---|--|--|--------------------------|--|--|
| (Last) (First) (Middle) PO BOX 14720 | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/18/2008 | | | | Director 10% Owner X Officer (give title Other (specify below) SENIOR VICE PRESIDENT | | | | |
| | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| MADISON | , WI 53708-072 | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (State) | (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | |
| 1.Title of Security (Instr. 3) | 2. Transaction Da (Month/Day/Yea | r) Execution | med on Date, if Day/Year) | Code (Instr. 8) | 4. SecurionAcquirect Disposed (Instr. 3, | l (A) or l of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | |
| Common Stock | | | | | | | 5,233.671 <u>(1)</u> | D | | | |
| Common Stock | | | | | | | 4,122.5402 (2) | I | BY 401(k) PLAN | | |
| Common Stock | | | | | | | 1,000 | I | SPOUSE WITH BROKER | | |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. | | | | | | | | | | | |
| | | | | | | Persons who respond to the collection of information contained in this form are not | | | | | |

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transactic Code (Instr. 8) | 5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|--|---|-----|--|--------------------|---|----------------------------------|
| | | | | Code V | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Deferred Common Stock | \$ 0 | 08/18/2008 | | A | 81.8706 | | (3) | (3) | Common Stock | 81.8706 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ALLER THOMAS L PO BOX 14720 MADISON, WI 53708-0720

SENIOR VICE PRESIDENT

Signatures

F. J. Buri 08/19/2008

**Signature of Person Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (2) Reflects 401(k) holdings as of this filing date.
- (3) Units are to be settled upon reporting person's retirement.
- (1) Includes shares acquired under the company's dividend reinvestment plan, pursuant to a dividend reinvestment transaction exempt from Section 16 under Rule 16a-11.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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